

obtaining an abortion on request and without complications. The current services for terminations fall far short of the Royal College of Obstetricians and Gynaecologists' recommendations.¹⁹

CONCLUSIONS

The past decade has seen a continuing and considerable deterioration in the nation's sexual health. All infections have increased alarmingly, teenage pregnancies are yet to decrease, and changes in sexual behaviour regardless of sexual orientation can only continue to drive this situation. It is no exaggeration that we now face a public health crisis in relation to sexual health. The recently published sexual health and HIV strategy for England attempts to outline a plan for better prevention and services.¹⁵ Only £47.5 million has been allocated over the next 2 years, not enough to tackle even one aspect of the strategy—namely, the roll out of a national screening programme for chlamydia. Concern has been expressed that the allocated resource “is manifestly insufficient.”²⁰ Sexual health is not an NHS or political priority. Until it becomes so we will witness further failure upon further failure.

Sex Transm Infect 2003;**79**:85–87

Author's affiliations

M W Adler, Department of Sexually Transmitted Diseases, Royal Free and University College Medical School, The Mortimer Market Centre, off Capper Street, London WC1E 6AU, UK; madler@gum.ucl.ac.uk

REFERENCES

- 1 **Secretary of State for Health**. *The health of the nation: a strategy for health in England*. London: HMSO, 1992.
- 2 **Adler MW**. Sexual health—health of the nation failure. *BMJ* 1997;**314**:1743–7.
- 3 **Communicable Disease Surveillance Centre**. *HIV and STIs: epidemiology 2002*. (<http://www.phls.co.uk>).
- 4 **Department of Health**. *CMO's expert advisory group on Chlamydia trachomatis*. London: DoH, 1998.
- 5 **Doherty L**, Fenton KA, Jones J, *et al*. Syphilis: old problem, new strategy. *BMJ* 2002;**355**:153–6.
- 6 **McHenry A**, Evans BG, Sinka K, *et al*. Numbers of adults with diagnosed HIV infection 1996–2005—adjusted totals and extrapolations for England, Wales and N Ireland. *Communicable Disease and Public Health* 2002;**5**:97–100.
- 7 **Social Exclusion Unit**. *Teenage pregnancy 1999*. TSO CM 4342.
- 8 **Johnson AM**, Mercer CH, Erens B, *et al*. Sexual behaviour in Britain: partnerships, practices and HIV risk behaviour. *Lancet* 2001;**358**:1835–42.
- 9 **Wellings K**, Nanchahal K, Macdowall W, *et al*. Sexual behaviour in Britain: early heterosexual experience. *Lancet* 2001;**358**:1843–50.
- 10 **Dodds JP**, Nardone A, Mercey D, *et al*. Increase in high risk sexual behaviour among homosexual men, London 1996–1998: a cross-sectional questionnaire study. *BMJ* 2000;**320**:1510–11.
- 11 **Sigma Research**. *Vital statistics, findings from National Gay Mens Sex Survey 1999*. 2000.
- 12 **Department of Health**. *Report of the working group to examine workloads in GUM clinics*. Monks Report. London: DoH, 1998.
- 13 **Djuretic T**, Catchpole M, Nicoll A, *et al*. Genitourinary medicine services in the United Kingdom are failing to meet the current demand. *Int J STD AIDS* 2001;**12**:571–2.
- 14 **Anon**. Medical workforce specialty review for genitourinary medicine 2001/2002, England, Wales, Northern Ireland and Scotland. *Int J STD AIDS* 2002;**13**:495–8.
- 15 **Medical Workforce Unit**, Royal College of Physicians London. *Federation of the Royal College of Physicians summary of Information about the consultant workforce in medical specialities in the United Kingdom, 2000*. July 2001.
- 16 **Department of Health**. *The national strategy for sexual health and HIV*. London: DoH, 2001.
- 17 **Walsh J**. *Reviewing contraceptive services: research findings and framework*. London: Health Education Authority, 1999.
- 18 **British Pregnancy Advisory Service**. *Personal communication* 2001.
- 19 **Royal College of Obstetricians and Gynaecologists**. *National evidence-based guidelines. The care of women requesting induced abortion*. 2001
- 20 **Kinghorn G**. Sexual health and HIV strategy for England. *BMJ* 2001;**323**:243–4.

ECHO

Softly, softly does it in promoting sexual health in off street sex workers



Please visit the Sexually Transmitted Infections website [www.stijournal.com] for link to this full article.

Valuable lessons are to be learnt in promoting sexual health to women who work “off street” in saunas, massage parlours, and other premises, according to an outreach project doing just that in north west England.

Gaining access is a major hurdle and takes a time and patience. Total honesty about the project and its aims—assessing the needs of this group and offering women health advice—and clear communication are essential. The starting point may be nothing more than delivering condoms to the door. For women who work in their own homes it may entail meetings on neutral territory—in nearby parks or car parks—until rapport and trust are built up.

The caseworker's attitude and demeanour are crucial—a focus on improving the women's sexual health, no underlying attempt to lure them away from the work; an unquestioning acceptance of the work; and respect for the women and willingness to learn from and build on their knowledge.

So far, since the project started in December 1999 the caseworker has achieved unfettered access to four massage parlours and 10 women in their homes. In all, 135 women are contacted regularly and are given contraceptive supplies and advice on sexual health and relevant local services; 21 have been immunised against hepatitis B.

Off street sex workers are a neglected group, yet are estimated to be three times more numerous than their on street counterparts, and they indulge in more high risk behaviours, especially unprotected penetrative sex.

▲ *Journal of Epidemiology and Community Health* 2002;**56**:903–904.